VANDERBILT UNIVERSITY SCHOOL OF MEDICINE
Petition for Primary Care Credit at Vanderbilt

***No credit will be given for less than 28 half days of work or for work for which a student has been paid. You must be registered for this course before beginning your rotation for liability coverage to be in effect. Students may not be supervised by a parent or relative.

STUDENT NAME: ____________________________ CELL PHONE: ____________________________

I have registered for the following Immersion Phase section:

☐ Section 7 July (7/9 – 8/3/18) ☐ Section 1 Jan. (1/7 – 2/1/19)
☐ Section 8 Aug. (8/6 – 8/31/18) ☐ Section 2 Feb. (2/11 – 3/8/19)
☐ Section 9 Sept. (9/4 – 9/28/18) ☐ Section 3 Mar. (3/11 – 4/5/19)
☐ Section 10 Oct. (10/1 – 10/26/18) ☐ Section 4 April (4/8 – 5/3/19)
☐ Section 11 Nov. (10/29 – 11/21/18) ☐ Section 5 May (5/13 – 6/7/19)
☐ Section 12 Dec. (11/26 – 12/21/18) ☐ Section 6 June (6/10 – 7/5/19)

***Please rank below your first, second, third, and fourth choices. Once the rotation schedule is worked out, you will receive an email with additional necessary information about your rotation.

Medicine Setting:

_____ Adult Ambulatory Medicine – Combined with VUH and Community Physicians
_____ Family Practice – Community Family Practice Setting

Pediatric Setting:

_____ Ambulatory Pediatrics at VUH – (PAC Clinic)
_____ Community Pediatrics Setting

Student Signature __________________________________________ Date ______________

Please return completed form to Faapio Poe in the Primary Care office, D-3100, MCN

For Office Use:

Department Approval __________________________________________ Date ______________

PS ________ OLG COMPLETE _________ CONFLICT ____________________________